

**Operations Data for the Period of January 1, 2014 through December 31, 2014**  
**PLEASE DO NOT LEAVE ANY SPACES BLANK**

**TOWING**

Please enter the total number of tows your company did for the period of January 1, 2014 through December 31, 2014 in each Category listed below. If there were no tows in a particular category, please enter a zero -0- in that category.

Category	Commercial	Non-Commercial
Total Number of Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS		
Total Number of All Other TOWS		
Total Number of TOWS Performed from 1/1/14 through 12/31/14		

**MILEAGE**

Please indicate the average roundtrip mileage for Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS: # \_\_\_\_\_ miles.

**ADDITIONAL TOWING CHARGES**

Please indicate the number of Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS that involve additional charges *excluding the basic charge and/or mileage*. For example, the number of INVOLUNTARY TOWS that involved a charge for a second truck or charges for additional hours of service time.

Category	Commercial	Non-Commercial
Total Number of Police, Trespass, Snow Removal and Other INVOLUNTARY TOWS involving ADDITIONAL CHARGES		

**INVOLUNTARY TOWS NOT COMPLETED**

Please indicate the Total Number of Requests for INVOLUNTARY TOWS that Did Not Result in a Tow for the period of January 1, 2013 through December 31, 2013 in each of the Categories listed below.

Category	Commercial	Non-Commercial
Number of Dry Tows		
Number of Abandoned Tows		
Number of Other Tows		

In order to accurately reflect the demographics of this survey, we need the following information relative to your towing operation only. If an employee provides functions for other operations, please count the percentage of employee time dedicated to towing operations. For example, a tower dispatcher that also provides receptionist services for a repair operation 50% of the time would be entered at .5.

Category	Commercial	Non-Commercial
Total Number of Towing Operation Vehicles		
Total Number of Towing Operation Employees		

### **INCOME**

Please enter the dollar amounts for each of the Categories listed below, for both Commercial and Non-Commercial Operations. If there were no revenues in a particular category, please enter a zero -0- in that category.

Category	Commercial Income	Non-Commercial Income	Total
Police, Trespass, Snow Removal and Other INVOLUNTARY TOWING Revenues	\$	\$	
All Other TOWING Revenues	\$	\$	
Total TOWING Revenues	\$	\$	
Total STORAGE Revenues from Involuntary Tows	\$	\$	
<b>Total</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

Please indicate the loss of revenue responding to requests for involuntary tows, not resulting in a tow:  
\$\_\_\_\_\_.

### **EXPENSE**

Please enter the dollar amounts for each type of Expense listed below. Only consider TOWING related expenses. If there were no expenses in a particular category, please enter a zero -0- in that category.

TOWING EMPLOYEE EXPENSE	
Salaries and Wages ( <b>Towing only</b> )	\$
All Other Payroll Expenses (Employer Paid Taxes, Workers Comp, Payroll Processing Fees, etc. ( <b>Towing Only</b> ))	\$
<b>Total Employee Expense</b>	<b>\$</b>

**EXPENSE CONTINUED**

<b>TOWING EXPENSE CATEGORY</b>	<b>TOWING EQUIPMENT</b>	<b>TOWING FACILITIES</b>	<b>TOTAL</b>
Depreciation	\$	\$	\$
Loan Interest	\$	\$	\$
Property Insurance	\$	\$	\$
General Liability Insurance	\$	\$	\$
Fuel/Gasoline	\$	\$	\$
Lease Payments	\$	\$	\$
Repairs and Maintenance	\$	\$	\$
Mortgage Interest	\$	\$	\$
Real Estate Taxes	\$	\$	\$
Rent/Lease	\$	\$	\$
Utilities	\$	\$	\$
Repairs and Maintenance	\$	\$	\$
Professional fees – accountant / attorney	\$	\$	\$
Interest Loans	\$	\$	\$
Sublet Services	\$	\$	\$
Taxes (i.e. income, fuel, FET, MA excise, sales tax, etc.)	\$	\$	\$
Office Expenses (i.e. communication, office supplies, etc.)	\$	\$	\$
Unpaid Charges (i.e., night release from home)	\$	\$	\$
Other Equipment Expenses (i.e. registration fees, emissions inspections, etc.)	\$	\$	\$
Other Facility Expenses (i.e. professional memberships, training, municipal business fees, etc.)	\$	\$	\$
<b>Total</b>	\$	\$	\$

Please complete the following summary using the information contained in the highlighted boxes:

Total Commercial Income      \$ \_\_\_\_\_

Total Non Commercial Income      \$ \_\_\_\_\_

**Total Income**      \$ \_\_\_\_\_

Total Employee Expense      \$ \_\_\_\_\_

Total Towing Equipment  
& Facilities Expense      \$ \_\_\_\_\_

**Total Expenses**      \$ \_\_\_\_\_